I HETEBY CERTIEX THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SEPTICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: MAIL STOP RCE, COMMISSIONER FOR ATTENTS, P. O. BOX 1450, ALEXANDRIA, VA 22313-1450, ON THE DATE INDICATED BELOW.

By: USD

Date: May 5 2003

PATENT BOX RCE #74 0.9.5 5|3|03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE RECEIVED

In Re:

Patent Application of...

Group Art Unit 1647

MAY 1 2 2003

Horst Peschel

Conf. No.:

3984

TECH CENTER 1600/2900

Appln. No.

09/596,507

Examiner: Robert C. Hayes

Filed:

June 16, 2000

Attorney Docket

For:

SYNTHETIC NEURONAL TISSUE

No. 600574-1

DERIVED FROM NEURONAL

(K400417US)

PROGENITOR CELLS

AFTER FINAL REQUEST FOR CONTINUED EXAMINATION (RCE) <u>UNDER 37 C.F.R. 1.114</u>

This is a request under 37 CFR 1.114 for continued examination (RCE) of the above identified application in response to the Office Action mailed November 5, 2002 (Paper No. 12). Enclosed are the following in support of the RCE under 37 C.F.R. 1.114:

[] Enter the unentered Amendment previously filed on in the above application.

under 37 CFR 1.116

- [X] An Amendment/Request for Reconsideration.
- An Information Disclosure Statement, PTO/SB/08A and cited references.
- [] New formal drawings.
- [X] A Petition for Extension of Time to May 5, 2003 for the pending application.
- Other:

The following fees are enclosed:

- [X] RCE fee of \$375.00 required under 37 C.F.R. 1.17(e).
- [X] Extension of time fee in the amount of \$465.00
- [] Additional claim fees of for excess claims submitted in the enclosed Amendment, calculated as follows:

05/09/2003 AWONDAF1 00000032 09596507

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375.00 OP

| | · · | | | | SMALL ENTITY | | LARGE ENTITY | |
|--|---|-----|---------------------------------------|------------------|--------------|------------|--------------|---------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDIT. FEE | RATE | ADDIT. FEE |
| TOTAL | | (-) | or 20 | | x9 | | x18 | |
| INDEP. | | (-) | or 3 | | x42 | | x84 | |
| [] 1st PRESENTATION OF MULTIPLE DEPENDENT CLAIMS | | | | | +\$140 | | +\$280 | |
| | | | | | TOTAL | | TOTAL | |

- [X] Firm check(s) totaling \$ 840.00 are enclosed herewith.
- [X] The Commissioner is hereby authorized to charge and/or credit Deposit Account No. 50-1017 (Billing No. 600574.0001) as noted below. A duplicate copy of this sheet is enclosed.
- Any overpayments or deficiencies in the above-calculated fee(s). [X]
- RCE fee in the amount of \$.00.
- Extension fee in the amount of \$.00
- Additional claim fee(s) in the amount of \$.00 as calculated above
- Any additional fees required under 37 C.F.R. §§ 1.16 or 1.17. [X]
- In the event that a Petition for Extension of Time is required, but not enclosed, please [X] charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS

By:

Registration No. 42,371

AKIN GUMP STRAUSS HAUER & FELD LLP

One Commerce Square

2005 Market Street, Suite 2200 Philadelphia, PA 19103-7086

Telephone: 215-965-1200

Direct Dial: 215-965-1348 Facsimile: 215-965-1210

E-Mail: kbullock@akingump.com

KAB:cmb **Enclosures** 219887